APPLICATION FOR PROPERTY TAX REDUCTION FOR 2008 ALL OF THE FOLLOWING QUESTIONS MUST BE COMPLETED. ATTACH SUPPORTING DOCUMENTS. County Code Area Parcel Number PLEASE NOTE: Section B. Eligibility Status As of January 1, 2008, I was (check all that apply) THIS APPLICATION IS NO LONGER VALID. 65 or older Blind Former P.O.W. Fatherless or Motherless Minor PLICATIONS FOR 2009 PROPERTY TAX Widow(er): Spouse Name_ Date of Death REDUCTION WILL BE AVAILABLE ON Veteran 10-30% Service-connected disability JANUARY 1, 2009. Veteran 40-100% Service-connected disability Veteran Nonservice-connected disability with pension Entity recognizing the disability: Soc. Sec. Adm. Fed. Civil Svc. R/R Retirement 2. Social Security Number (Claimant) Social Security Number (Spouse) Section C. Income Household Income and Qualified Expenses January 1 - December 31, 2007 3. Birth Date (Claimant) Birth Date (Spouse) Subsection 1 1. Federal adjusted gross income.....\$_ 4. As of January 1, 2008, you were: Extension filed Yes No Married ☐ Widow(er)/Not remarried Subsection 2 5. Physical address of the property if different than ownership information. Include all income from all sources not included in Section 1 (taxable and nontaxable) 2. Social Security income/SSI (Claimant)......\$___ 6. Are you a new applicant? Yes No Social Security income/SSI (Spouse) \$____ 7. Have you filed a claim on a different primary residence between January 1, 2008 and now? Yes No Capital gains \$ ______ 4. Where? Wages, workers' compensation, and/or 8. Did you occupy your home as your primary residence before April 15, 2008? unemployment\$_ Yes No Pensions, retirements, annuities, and/or IRAs \$____ 9. Did you or your spouse stay in a care facility in 2007? VA pension or compensation\$____ Yes No Interest and dividends.....\$ 10. Did you receive rental income for all or any part of this property in 2007? If yes, please attach a copy of your rental agreement. Railroad retirement\$ Yes No 10. Other income 11. If you used any part of this property for business or commercial use in 2007, list (Received from the percent used for business or commercial use (See 11. Subtotal (add lines 1 through 10) \$______ _%. instructions.) _ 12. Did you sell real estate, stocks, or other capital assets in 2007? 12. Principal of annuity (Attach contract.) \$ (____ Yes No 13. Total of nonreimbursed, paid medical expenses 13. This year, you or your spouse will file: (Check all that apply.) and medical insurance premiums \$ (_ Federal Income Tax Return (Attach a copy of this return.) (If your tax 14. Total of paid or prepaid funeral expenses information is incomplete, please contact your county assessor for instruc-(Attach receipt - maximum allowable amount: \$5,000.) \$ (_____ tions on completing this form.) 15. Subtotal of deductions (Add lines 12, 13, and 14) \$___ State income tax return (List state, if other than Idaho:_ 16. Total net income (Subtract line 15 from line 11) \$ ☐ Idaho grocery credit form 14. Claimant Spouse FOR COUNTY USE ONLY I certify that my Social Security number and birthdate are correct. Check all that apply: I certify that I am a citizen or legal permanent resident of the Single family Sole owner United States, OR Multi dwelling _ Community property I certify that I am in the United States legally. Multi use _ Partial ownership Trust or life estate Under penalty of perjury, I certify that to the best of my knowledge Overall claimant percentage of ownership/use the information I have provided here is true, correct, and complete. , certify that Property Tax I grant permission to any government agency and contractor to con-County Assessor or Deputy Assessor firm my status and to reveal to the Idaho State Tax Commission the Reduction benefits are only applied to the claimant's eligible portion of the net taxable total monetary payments made to me or my spouse during 2007. The following section should be completed if the claimant is receiving benefits on any (Check one) Yes No prorated taxable value: 1. Land taxable value (one acre or less) 2. Improvement(s) full value (one residence) 3. Homestead exemption Claimant(s) (Please print.) Date 4. Net taxable

Tax reduction not to exceed:

Deputy Assessor:

Approved and verified by Assessor or

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THIS APPLICATION MUST BE FILED WITH YOUR COUNTY ASSESSOR BY APRIL 15, 2008

Telephone Number

Signature(s) and Relationship

or Deputy Assessor:

Disapproved and verified by Assessor

Yes